

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM (PTO-875))

SERIAL NO.

10/579489

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6			1			
7				1		
8				2		
9				2		
10				2		
11				2		
12				2		
13				2		
14			1			
15				1		
16				2		
17				2		
18				2		
19				2		
20				2		
21				2		
22				2		
23				2		
24				1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↖	37	↖		↖
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS						